



Office Of The Secretary Of State  
Corporations Division  
Please fax to 404-463-6153  
(Please allow 30 business days for processing)

**Karen C. Handel**  
Secretary Of State

**Request For Reinstatement Application Of Administratively Dissolved Entity**

1. Entity Name \_\_\_\_\_
2. Entity Control No. \_\_\_\_\_
3. Date Of Dissolution \_\_\_\_\_
4. Name Of Requestor (person's name) \_\_\_\_\_
5. Requestor's Address: \_\_\_\_\_  
(P.O. Box Unacceptable)  
\_\_\_\_\_  
\_\_\_\_\_
6. Phone# \_\_\_\_\_
7. Requestor's Affiliation – Applicant **must** check one box only:  
☐ Officer, ☐ Chairman Of The Board (Corporations Only)  
☐ Member, ☐ Manager (Limited Liability Companies only)  
☐ Attorney In Fact
8. Requestor identified in item (7) certifies his/her affiliation with the entity and that all licenses and/or occupational tax returns and/or penalties for such filings by the entity have been paid to the State Department Of Revenue for the period preceding and including entity's administrative dissolution or termination.
9. \_\_\_\_\_  
Signature(signer **must** indicate capacity in which signing)      Date

Please note – failure to complete entire form may result in delayed processing of request.